

**Rhode Island Department of Environmental Management
Division of Waste Management
Underground Storage Tank
Environmental Results Program**

Name: _____

Number attending: _____

- ☐ **February 2, 2005** – DEM Headquarters, 235 Promenade Street, Providence, Room 300
- ☐ **February 16, 2005** - Gaudet Middle School, 1113 Aquidneck Avenue, Middletown
- ☐ **February 24, 2005** – Stedman Government Center, Tower Hill Road, Wakefield - Supreme Court Hearing Room
- ☐ **March 9, 2005** – DEM Headquarters, 235 Promenade Street, Providence, Room 300
- ☐ **March 22, 2005** - Stedman Government Center, Tower Hill Road, Wakefield - Supreme Court Hearing Room
- ☐ **March 31, 2005** – DEM Headquarters, 235 Promenade Street, Providence - Cafeteria

Please indicate on this sheet your name, the number of people attending the workshop and check the box for the date of the workshop that you will be attending. Fold so that the mailing address on the reverse side shows, tape together and apply appropriate postage.

Please fax completed form to Office of Technical & Customer Assistance 401-222-3810.

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